

# CHILDREN'S COMMUNITY SUPPORT NETWORK (CCSN) VOLUNTEER INTEREST FORM

Last Name: First Name: Middle Initial:  
 Street Address: City: State: Zip:  
 Home phone: Alternate phone:  
 E-mail: I am over 18 yrs of age (Y, N):

Geographic area I prefer to serve:

How did you learn of this campaign?

Areas of Interest (*prioritize if you are willing to serve in more than one area: 1, 2, 3, etc.*)

☐ Mentoring ☐ Clerical assistance ☐ Fund raising  
☐ Recreational assistance ☐ Pro-bono services: ☐ Special event assistance  
☐ Facilities maintenance ☐ In-kind contributions  
     painting/landscaping ☐ Cash contribution  
☐ Respite care ☐ Residential Care Assistance ☐ Board/Committee work  
☐ Activity (hobby) ☐ Assist w/financial aid ☐ Career Day speaker  
     Supervisor applications ☐ Resume preparation  
☐ Supervise visitation ☐ Transportation  
☐ Tutoring Other: \_\_\_\_\_

Special Skills (*check all that apply*):

☐ Motivation/Speaking ☐ Tutoring ☐ Managing  
☐ Counseling ☐ Clerical/filing ☐ Computers  
☐ Organizing ☐ Fund raising ☐ Event planning  
☐ Other ☐ Other ☐ Other

Prior volunteer experience:

How often do you want to volunteer?

☐ Daily ☐ Weekly ☐ Monthly ☐ Other:

What is the best time for you to volunteer? \_\_\_\_\_ (or mark times below):

	Sunday	Monday	Tuesday	Wed	Thurs	Friday	Sat
Times:							

Signature \_\_\_\_\_

Date: \_\_\_\_\_

*mailed copies only*

**E-mail to: [CCSN@courts.mi.gov](mailto:CCSN@courts.mi.gov) Fax to: 517. 373.8922**

**For Questions: call 517.373.5322**

**Mail to: Randall J. Wilger, FCRBP, PO Box 30048, Lansing, MI 48909**